Group Overview

2005 Pre-White House Conference on Aging Forum Hosted by the North Carolina Governor's Advisory Council on Aging Holiday Inn Brownstone Hotel, Raleigh May 18, 2005, 9 am – 2 pm

Please complete the following summary page. Return this information to Julie Bell, NC Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27699-2101 or to Julie.Bell@ncmail.net.

Name of the Organization:	DISMILED AMERICAN VETERMIC
Contact Information:	PUBLISHERN NR 2840C
Date(s) of group session(s) being reported on:	May 5, 2008, May 9, 2008
Total number in attendance:	62V
Number attending the group session(s) from each of the following categories (please check all that may apply):	Consumers: 62 Family Caregivers: 18 Providers: Professional Associations: Trade Associations: Advocates: Government: LTC Facilities: Academia: Media: Baby Boomers: Other: Vergans Gamp
Any additional information of importance:	

If you have any questions, please contact Julie Bell or Mary Bethel at the Division of Aging and Adult Services, (919) 733-0440.

North Carolina Governor's Advisory Council on Aging's Pre-White House Conference on Aging (May 18, 2005)

Presentation by E. T. Townsend, N.C. Disabled American Veterans

I am E. T. "Tom" Townsend representing primarily the N.C.

Disabled American Veterans, which has 65 chapters over the state,
and 40,000 members with an average age past 60. I am a World

War II and Korean Conflict veteran.

Over the past few years I was twice the state D.A.V. commander, once commander of the N.C. Veterans Council, and twice the CEO of the Retired Officers N. C. Council of Chapters. Today I also speak for the Wilmington Chapter of the Air Force Sergeants Aasociation, in which I am an officer. Today, I speak from my heart—not waving the "bloody flag" but rather appealing for support on much deserved and promised veteran benefits.

Across the entire spectrum of our membership, our primary concern is health care for veterans. especially with today's escalating health costs. In this arena we we highly recommend adequate funding of our VA health care system. We also recommend that Congress permit VA facilities to receive payment from Medicare and Tricare, at least for veterans who must make copayment for services. Currently the VA may collect only from insurance companies.

Each day, new casualties from our "glorious" and costly wars return for medical care and rehabilitation. These new veterans will need the full continuum of care we can provide well into ther latter half of this century. Not since the Vietnam War has our nation had to deal with such a significant number of wartime casualties. Along with my national DAV Commander, himself a Vietnam amputee, I am deeply concerned about the necessity for these veterans to receive quality health care in a timely manner--especially since our government continues to underfund VA programs.

In December, our National Commander was briefed on the VA's 2005 budget outlook. In his own words—and he represents 1 1/2 million disabled veteran—"... the budget approved by Congress was totally inadequate, but I was dismayed to learn that the ... increase provided by Congress ... resulted in a zero net gain for the veterans health care system."

Some short-sighted or misinformed officials undermine the critical need for support of adequate fundinmg. An Under Secretary of Defense made the ourrageous assertion that veterans benefits are respossible for the Pentagon's inability to to provide weapons and equipment for our troops in combat. The truth is that the defense budget is separate from the VA budget. Another official, the Government Accountablity Office Director

of Health Care for Veterans asserted that VA outreach efforts about veterans is hampering efforts to retain soldiers.

The Administration's proposed budget is one of the most tight fisted, miserly budgets for veterans in recent memory. Instead of providing adequate funds for for the VA medical system, it proposes to shift much of the cost burden on the back of veterans by increasing "co-payment" fees and imposing "enrollment fees" on veterans who must enter the VA system.

Two other area of concern for our aging veteran population are (1) a real need for aging veteran voices in planning and participating boards at all levels of private and government, activities, and (2) strengthening end-of-life care by enhancing hospice care and assisting families in coping with these situations.

Too often today, boards and committees—for example, the N.C. Aging Coalition—will have representation from many facets of society, but veteran inclusion is almost accidental. The same situation exists on city planning boards, etc. With veterans comprising 20-30% of the adult population, their inclusion in planning is most certainly highly desireable.

My category of veterans--the World War II group--is dying fast.

Over 1500 each day--and the Korean veterans are right behind

us. End of life care for us--and for all citizens-- be it

hospice or home care, should be not only be compassionate, but

also economically available to all. North Caroina needs two

more State Veteran Homes--one west and one east of I-95 to

make final veteran domiciliaries more available..

Thank you for listening to an old soldier today. I urge that our priority matters be taken to heart to be considered at the White House Conference as well as by the North Carolina Governor's Committee.

On behalf of myself and my fellow veterans, I wan to thank Chairperson Ann Johnson for giving us this oportunity to talkabout our conerns.

Again, my thanks.

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